

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068805

FILED
May 01, 2005
Secretary of State

Entity Name: THE I THEATRE PRODUCTION COMPANY LLC

Current Principal Place of Business:

13524 LAKE VINING DR #14106
ORLANDO, FL 32821

New Principal Place of Business:

Current Mailing Address:

13524 LAKE VINING DR #14106
ORLANDO, FL 32821

New Mailing Address:

FEI Number: 83-0408025 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DALUGE, BRYAN
Address: 13524 LAKE VINING DR #14106
City-St-Zip: ORLANDO, FL 32821

Title: MGRM () Delete
Name: BLACKWELDER, SARA
Address: 13524 LAKE VINING DR #14106
City-St-Zip: ORLANDO, FL 32821

Title: MGRM () Delete
Name: COZART, CLAY
Address: 13524 LAKE VINING DR #14106
City-St-Zip: ORLANDO, FL 32821

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CLAY ROBERSON COZART

MR.

05/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date